

POSITION	NUMBER	ID NO.	DATE
FEE DETERMINATION	E-E		04-24-01
O.I.P.E. CLASSIFIER			5/11/01
FORMALITY REVIEW	A.M	48	06-12-01
RESPONSE FORMALITY REVIEW		917	

BEST AVAILABLE CO

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	4/22/01
Original	5/1/01
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Claim	Date
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Original	5/1/01
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Claim	Date
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If more than 150 claims or 10 actions  
stap additional sheet here

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PL  
6/12